		PART B	- FEE(S)	TRA	NSMITTAL			
Complete and sense.	Complete and send this form, together with applicable fee(s), to: Mail				Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000			
INSTRUCTIONS: This approach age. All further indicated mass approach maintenance are maintenance are maintenance.	own should be used for transpression of the Fluid below or directed otherwise ons.	smitting the ISSU Patent, advance or in Block 1, by (a)				ired). Blocks I through 5 s vill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23565 7590 08/11/2004					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
KLAUBER & JACKSON 411 HACKENSACK AVENUE HACKENSACK, NJ 07601					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
09/17/2004 RMEBRAH1 00	9/17/2004 RMEBRAH1 00000035 09851496					Lois A. Snure (Depositor's name)		
01 FC:2501				Lois a Source		(Signature)		
02 FC:1504 03 FC:8001	300.00 DP 30.00 DP				September	14, 2004	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INV		D INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/851,496	05/07/2001		Chaiya Cl	handavas	u	715-1-100	3184	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	FF	ıq	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
			÷ 665	rc			·	
nonprovisional	YES NO		- 605		\$300	******* 965	11/12/2004	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS	ļ		
MENON, KRISHNAN S			723 210-500270					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	ID RESIDENCE DATA TO B							
PLEASE NOTE: Unle recordation as set forth	ss an assignee is identified be in 37 CFR 3.11. Completion of	elow, no assignee of this form is NO	data will app Ta substitute	ear on the for filing	ne patent. If an assigr g an assignment.	nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
New Jersey	Institute of Te	chnology			Newark, N	ew Jersey		
Please check the appropria	ate assignee category or catego	ries (will not be pri	inted on the p	oatent);	☐ individual ☐ c	corporation or other private gr	oup entity	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
	Ma Issue Fee XXXA check in the Ma Publication Fee (No small entity discount permitted) □ Payment by cre							
Advance Order - # o	☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
	us (from status indicated above	•				TITY status. See, e.g., 37 CFI		
NOTE: The Issue Fee and	O is requested to apply the Issu Publication Fee (if required) vecords of the United States Pate	vill not be accepted	d from anyon					
(Authorized Signature)	uid Shi	bt (Date)	09/14	1/2	200			
an application. Confidenti submitting the completed this form und/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 CFR 1.3 ality is governed by 35 U.S.C. application form to the USPT ins for reducing this burden, strginia 22313-1450. DO NOT 3-1450.	122 and 37 CFR O. Time will vary sould be sent to the SEND FEES OR C	1.14. This co depending u c Chief Infon COMPLETEI	llection if pon the imation O FORM	s estimated to take 12 ndividual case. Any confficer, U.S. Patent and S TO THIS ADDRES:	minutes to complete, includir omments on the amount of tin Trademark Office, U.S. Dep S. SEND TO: Commissioner	ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

TRANSMIT THIS FORM WITH FEE(S)